


FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use 	1. FILE NUMBER 030-757	2. PERIOD COVERED MO DAY YEAR From 07 01 2001 Through 06 30 2002	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name JOHN Last Name ENGROFF P.O. Box • Building and Room Number (if any) PO BOX 308 Number and Street CITY BAILEYVILLE State ZIP Code + 4 ME 04694 -		
4. AFFILIATION OR ORGANIZATION NAME United Brotherhood of Carpenters & Joiners			
5. DESIGNATION (Local, Lodge, etc.) 2400		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes No <input checked="" type="checkbox"/>			

56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	9 John Engroff P.O. Box 1004 16 Broadway Baileyville, Me. 04694

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

57. SIGNED: <u>Daniel H. Call</u> <u>8/5/02</u> (207) 427-3849 Date Telephone Number	PRESIDENT (If other title, see instructions.)	58. SIGNED: <u>[Signature]</u> <u>8/14/2002</u> (207) 427-3849 Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions?

Yes No
✓

11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?

✓

12. Have a political action committee (PAC) fund?

✓

13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?

✓

14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?

✓

15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.)

✓

16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?

✓

17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?

✓

18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?

✓

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period?

36

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$

5000

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No
✓

22. What is the date of your organization's next regular election of officers?

MO YEAR
08 2002

23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees

(a) Regular Dues/Fees	\$ 25.00	per Month	(Month, Year, etc.)
(b) Initiation Fees	\$ 50.00		
(c) Transfer Fees	\$		
(d) Work Permits	\$	per	(Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

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(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*			
1. CALL Last Name Title PRESIDENT	DAVID First Name Status C	1000		1000
2. HUNT Last Name Title VICE PRESIDENT	WARREN First Name Status P	500		500
3. BLAKE Last Name Title RECORDING-SECRETARY	CLAYTON First Name Status C	500		500
4. ENGROFF Last Name Title FINANCIAL-SECRETARY	JOHN First Name Status C	500		500
5. ENGROFF Last Name Title TREASURER	JOHN First Name Status C	500		500
6. Last Name Title	First Name Status			
7. Last Name Title	First Name Status			
8. Totals from additional pages (if any)				0
9. Totals of Lines 1 through 8				3000
Enter the Total from Line 11 in Item 45 ⇨		10. Less Deductions 0		
		11. Net Disbursements 3000		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

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STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	9366	9362	32. Accounts Payable	0	14174
	26. Loans Receivable	0	0	33. Loans Payable	0	0
	27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
	28. Investments	0	0	35. Other Liabilities	0	0
	29. Fixed Assets	0	0	36. TOTAL LIABILITIES	0	14174
	30. Other Assets	0	0	37. NET ASSETS (Item 31 less Item 36).....	9366	-4812
	31. TOTAL ASSETS.....	9366	9362			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	14141	45. To Officers (from Item 24)	3000
	39. Per Capita Tax	0	46. To Employees (less deductions)	0
	40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	4006
	41. Interest & Dividends	29	48. Office & Administrative Expense	298
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	6327
	43. Other Receipts	0	50. Benefits	0
	44. TOTAL RECEIPTS	14170	51. Contributions, Gifts & Grants	500
	<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>		52. Purchase of Investments & Fixed Assets	0
			53. Loans Made	0
			54. Other Disbursements	43
			55. TOTAL DISBURSEMENTS	14174